

<b>Case Number:</b>	CM15-0161853		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/30/2006
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 30, 2006. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for MRI imaging of the cervical and lumbar spines as well as a gym membership for the same regions. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines in its determination, and, furthermore, mislabeled the same as originating from the MTUS. The claims administrator referenced an April 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of neck and low back pain with radiation of neck pain to the right arm and right second and third digits. The applicant was status post earlier cervical fusion surgery which had proven only partially beneficial, it was reported. The applicant also reported complaints of low back pain radiating into the bilateral lower extremities, right greater than left. Pain complaints were collectively rated at 8/10. A gym membership was endorsed on the grounds that the applicant preferred exercise with access to a pool. Motrin and Neurontin were continued. Pain complaints as high as 8/10 were reported. 5/5 upper and lower extremity motor function were appreciated with a normal gait also evident. The applicant was given diagnoses of lumbar radiculitis and cervical pain status post earlier cervical fusion surgery. Previously provided permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working. The requesting provider was a physiatrist, it was acknowledged. Lumbar and cervical MRI imaging were ordered for evaluation purposes on the grounds that the applicant had not had similar studies in several years.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 182; 304.

**Decision rationale:** No, the MRI imaging of the cervical and lumbar spines is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis a nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. Rather, the requesting provider seemingly suggested on April 30, 2015 that the study in question was ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 304 also notes that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Again, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that the requesting provider was a physiatrist (as opposed to a spine surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The requesting provider's commentary on April 30, 2015 also strongly suggested that the MRI studies in question were ordered for evaluation purposes, without any active intention of considering surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

**Gym membership cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Similarly, the request for a gym membership is likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in her April 30, 2015 progress note that the gym membership was sought for the purposes of affording the applicant access to a pool. While page 22 of the MTUS Chronic Pain Medical Treatment

applicant access to a pool. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant was described as exhibiting a normal-to-near normal gait on or around the date of the request, April 30, 2015. The applicant was able to stand on her toes and exhibited a good tandem gait, the treating provider reported on April 30, 2015. It did not appear that reduced weight bearing was, in fact, desirable here, arguing against the need to furnish the applicant with a gym membership for the purposes of obtaining pool access. Therefore, the request is not medically necessary.